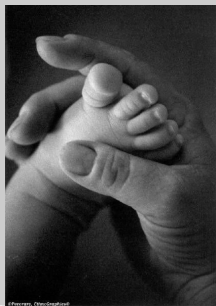


February 1, 2008



COMMONWEALTH OF KENTUCKY

# FIRST STEPS

KENTUCKY'S EARLY INTERVENTION SYSTEM

## Kentucky's Annual Performance Report Submitted

Every State receiving Part C Early Intervention funding from the US Department of Education is required to have in place a State Performance Plan (SPP) that evaluates the State's efforts to implement the requirements and purposes of Part C of the IDEA and describes how the State will improve its implementation of Part C. Kentucky's SPP was developed and submitted in December, 2005. It is posted on the First Steps website.

States are also required to submit an Annual Performance Report (APR) that describes the State's progress or slippage in meeting the measurable and rigorous targets established in the SPP; and changes that may be necessary.

A stakeholder group has met monthly since February, 2007 preparing for the February 1, 2008 APR submission. The APR Workgroup reviewed data as it became available throughout the year, discussed and analyzed the data, assessed the effectiveness of the improvement activities, sought broader stakeholder input into the development of new improvement activities, where necessary, and drafted specific portions of the report.

The FFY 2006/SFY 2007 APR was submitted to the US Department of Education yesterday, January 31, 2008.

Here are some highlights:

### *Indicator 1: Timely Service Provision*

Individual district performance was inconsistent. 8 districts demonstrated minimal improvement while 7 districts lost ground. Overall, Kentucky moved from 79% compliance in State Fiscal Year (SFY) 2006 to 80% compliance in SFY 2007.

Indicator 1 is a compliance indicator. This means that the federal Office of Special Education Programs (OSEP) has set a performance target of 100%. Kentucky has failed to demonstrate compliance for three consecutive years with this indicator.

Kentucky has defined "timely" services as those which begin within 21 days of the day they are authorized to start. At this time it is felt that the way in which Kentucky is authorizing services is impacting its performance on this indicator.

It appears that services are typically authorized to begin on the same day as the IFSP is developed. In many cases this is appropriate. However, if services are to be provided monthly or quarterly, they may not start until one or more months after the IFSP begins. If those services are authorized to start on the same day as the IFSP meeting, they will likely be deemed "untimely" – even though they are being



# *Kentucky's Annual Performance*

## *Report Submitted (continued)*

This year's APR reports an emphasis on training and technical assistance to try to address this issue.

### *Indicator 2: Natural Environments*

Kentucky continues to perform well in terms of providing services to eligible infants and toddlers and their families in natural environments. Kentucky's SFY 2007 performance exceeds the established state targets for the second consecutive year.

### *Indicator 3: Child Outcomes*

This is the first year that States are reporting on the progress that children in the program make toward goals that have been identified by OSEP. Kentucky reported data as required. At first glance, it appears that very few children make progress as a result of participating in First Steps. However, this is not the case. It is important to remember that this is the first year gathering assessment data and the assessment data we were able to obtain and use was very limited. Further, the time between assessment points was short, meaning that there was insufficient time to truly demonstrate progress.

While the APR Workgroup made an effort to explain these factors in detail, a brief glance at the data without reading the narrative might be alarming. Do not be discouraged or frustrated. As we continue to collect as-

essment data on more children and at more distant intervals, a more comprehensive – and undoubtedly more positive – picture will emerge.

### *Indicator 4: Family Outcomes*

Kentucky families continue to report strong satisfaction with their experience in First Steps. Satisfaction increased slightly from SFY 2006. Improvement activities will focus on improving the return rate on the survey and identifying ways to help families successfully participate in their communities.



### *Indicators 5 and 6: Child Find/Program Participation*

Kentucky's Birth to One and Birth to Three participation rates increased in SFY 2007. The Birth to One participation rate has increased for two consecutive years. This year's increase was more dramatic than last, moving from 0.49% to 0.60% and exceeding the target set by the state.

The Birth to Three participation rate increased less dramatically, but increased nonetheless, after decreasing for three consecutive years. The FFY 2007 Birth to Three participation rate is 2.26%.

Kentucky continues to fall below the national average for both Birth to One and Birth to Three participation rates. Kentucky Birth to One participation rate falls behind all other states with similar eligibility criteria and the Birth to Three participation rate falls behind 8 of 13 states with similar eligibility criteria.

### *Indicator 7: 45 Day Timeline*

Kentucky demonstrated dramatic improvement in the timely provision of evaluation, assessment and IFSP development services. In SFY 2005, Kentucky demonstrated a 35.5% compliance rate. In SFY 2006 that rate rose to 61% and in SFY 2007 Kentucky reported a 92.5% compliance rate. 4 districts reported 100% compliance while another 7 districts demonstrated substantial compliance (95% compliance or better). This illustrates a tremendous effort on the part of Point of Entry offices across the state. Good Work!!!

Like Indicator 1, Indicator 7 is a compliance indicator. Though Kentucky failed to meet 100% compliance, we did demonstrate significant improvement, which will not go unnoticed.

### *Indicator 8: Transition*

Indicator 8, like Indicators 1 and 7, is a compliance indicator. Indicator 8 has 3 components. First it looks at whether or not IFSPs in the state contain Transition steps and services. Second it looks at whether or not the Local Education Agency (LEA) has been notified of a child who may be

# *Kentucky's Annual Performance*

## *Report Submitted (continued)*

Program Evaluators completed targeted on-site monitoring visits in order to gather data for reporting on Indicator 8A – whether IFSPs contain Transition steps and services. It was found that approximately 75% of IFSPs do contain Transition steps and services.

Kentucky has automated its LEA notification process. As the APR Workgroup was reviewing data for this year's submission, a glitch in the electronic data transmission was found. This reduced Kentucky's SFY 2006 and SFY 2007 performance to slightly less than 100%. However, the glitch has been corrected and Kentucky anticipates a 100% compliance rate in SFY 2008.

A data error was also discovered in the calculation of data for Indicator 8C – the completion of Transition Conferences. The correction of this error dramatically changed Kentucky's compliance rate, from 90% in SFY 2006 to 75%. While the rate increased to 78% in SFY 2007, Kentucky remains significantly below the 100% compliance rate that OSEP expects states to be at.

All of this means that

Transition is going to be a primary area of focus in the coming months/year. Because Transition is also a monitoring priority area for Part B, collaborative meetings and trainings are being coordinated.

Because performance related to this Indicator is so poor and because we have failed to demonstrate meaningful progress in the last year, it is going to be crucial that we show OSEP through our improvement activities and performance that we are taking this very seriously.

### *Indicator 9: Effective General Supervision*

Indicator 9 is the first General Supervision Indicator. Indicator 9 looks at the State's system of general supervision and oversight to determine whether or not States are able to identify noncompliance and correct identified noncompliance within 1 year.

Based on guidance from the OSEP, Kentucky is reporting noncompliance in SFY 2007 different from the way in which it was reported in SFY 2006. Rather than reporting individual instances of noncompliance at the provider level, States have been directed to report noncompliance at the district or Early Intervention Service (EIS) program level. This means that it is much more difficult to demonstrate timely correction of noncompliance.

In SFY 2006, Kentucky re-

ported that approximately 75% of identified noncompliance was corrected within 1 year. Due to the change in the reporting, Kentucky now reports that 28.26% of noncompliance was corrected within 1 year.

Again, the APR Workgroup make attempts to explain that the appearance of a dramatic drop in performance is due, in large part, to the change in the reporting. However, the noncompliance is related to Indicators 1, 7 and 8 – which districts individually and the State as a whole have been unable to achieve full compliance with.

It is anticipated that the OSEP will find issue with this Indicator and will, again, focus their attention on the ability of the Lead Agency to provide adequate general supervision and oversight of the Part C Early Intervention (First Steps) program.

### *Indicators 10, 11 and 13: Complaints, Mediations and Due Process Requests*

The number of formal complaints received and investigated increased from SFY 2006 to SFY 2007. However, the State attributes this increase to the implementation of procedures by Program Evaluators to more accurately collect and report formal complaints. Kentucky again received no mediation or due process hearing requests during this reporting period.

# *Kentucky's Annual Performance*

## *Report Submitted (continued)*

### *Indicator 14: Timely and Accurate Data Submission*

Indicator 14 looks at whether or not the State believes its data to be valid and reliable and whether or not required federal data is submitted in a timely manner.

I know this seems like a lot, but compared to the 90+ page APR document, it really is a brief summary. I would strongly encourage you to review the document at your leisure. It really is a comprehensive snap shot of the program and the way the federal OSEP sees it being implemented in Kentucky.

## *Behind the Scenes*

In November we asked providers and other stakeholders to complete a Regional Needs Assessment so that we could gather information about what's working well, what needs improvement and how we should prioritize training and technical assistance. In reviewing some of the responses to the Needs Assessment, we thought it might be helpful to provide some basic program information through the Newsletter. This is information that is often overlooked or glossed over in training because it may not be perceived as being directly related to the daily activities of a provider. It is, nonetheless, useful information and helps to provide a foundation for your work in the First Steps program.

The first topic in the series was IDEA: the Individuals with Disabilities Education Act. You will recall that the IDEA is the federal law that authorizes the Part C Early Intervention Program. Kentucky's Part C Early Intervention Program is called First Steps.

The second topic in the series was the Lead Agency. In Kentucky, the Lead

Agency is the Cabinet for Health and Family Services.

This week's topic is the Point of Entry (POE). Kentucky contracts with one or two agencies in 14 of the 15 Area Development Districts (ADD) to serve as the regional site at which parents, primary referral sources and other stakeholders can access the Part C Early Intervention service system (First Steps).



Each POE is responsible for receiving and processing all referrals for infants, toddlers and their families residing in the district. In addition, the POE coordinates initial evaluation, assessment and IFSP development activities, provides initial service coordination and maintains the comprehensive

First Steps record for all children referred to the district.

In FY08, POEs received funding to establish administrative structures within the POE. These structures include a full time Manager and at least one clerical support staff person. The establishment of the administrative structure within the POE allows the POE to better serve as the regional resource for all matters related to the local First Steps system, including Child Find, Public Awareness, Performance Monitoring and Data Management.

To find a list of the POEs throughout the State and the counties that they serve, visit the First Steps website (<http://chfs.ky.gov/dph/firststeps.htm>) and scroll down to the second box titled, "How Can I Learn More About First Steps Services".

## *AAP Calls for Cancellation of “Eli Stone” Premiere*

We received this informational notice and thought providers might receive questions.

**For immediate release:** January 28, 2008

CHICAGO - The American Academy of Pediatrics (AAP) is demanding ABC cancel the opening episode of “Eli Stone” scheduled for Thursday, January 31. As reported in The New York Times, the episode features a lawyer who argues in court that a vaccine caused a child’s autism. While the show includes statements that science has refuted any link between autism and vaccines, the episode’s conclusion delivers a contrary impression; the jury awards the mother \$5.2 million, leaving audiences with the destructive idea that vaccines do cause autism.

“A television show that perpetuates the myth that vaccines cause autism is the height of reckless irresponsibility on the part of ABC and its parent company, The Walt Disney Co.,” said Renee R. Jenkins, MD, FAAP, president of the AAP. “If parents watch this program and choose to deny their children immunizations, ABC will share in the responsibility for the suffering and deaths that occur as a result. The consequences of a decline in immunization rates could be devastating to the health of our nation’s children.”

No scientific link has been found between vaccines and autism. The AAP and other health organizations will continue to work to ensure the safety of childhood vaccines.

For accurate information on autism, immunization and other child health topics, visit the AAP’s Web site, <http://www.aap.org>.



February 8, 2008



COMMONWEALTH OF KENTUCKY

# FIRST STEPS

KENTUCKY'S EARLY INTERVENTION SYSTEM

## Alcohol and Pregnancy

On February 2, 2008 ABC's *Good Morning America Weekend* show aired a story called, "Can Pregnant Women Drink Alcohol in Moderation?", which downplayed the potential effects of alcohol on the developing child. The following is a response from the American College of Obstetricians and Gynecologists (ACOG):

ACOG NEWS RELEASE For Release: February 6, 2008

Alcohol and Pregnancy: Know the Facts

Washington, DC --

The recent news story "Can Pregnant Women Drink Alcohol in Moderation?", which aired on ABC's *Good Morning America Weekend*, has created tremendous confusion among women about the safety of drinking alcohol during pregnancy. The American College of Obstetricians and Gynecologists (ACOG) strongly urges women not to ignore the public health warnings associated with consuming alcohol while pregnant.

ACOG is concerned that this television segment disseminated a potentially

dangerous and mixed message to pregnant women. According to ACOG, patients who saw the show are asking their ob-gyns for clarification about whether moderate—or even light—drinking will impact the health of their baby.



ACOG reiterates its long-standing position that no amount of alcohol consumption can be considered safe during pregnancy.

Therefore, ACOG reiterates its long-standing position that no amount of alcohol consumption can be considered safe during pregnancy.

Maternal alcohol use is the leading known cause of mental retardation and

is a preventable cause of birth defects. Children exposed to alcohol in utero are at risk for growth deficiencies, facial deformities, central nervous impairment, behavioral disorders, and impaired intellectual development. Consuming alcohol during pregnancy also increases the risk of miscarriage, low birth weight, and still-birth.

The bottom line according to ACOG: Women should avoid alcohol entirely while pregnant or trying to conceive be-

## Tax Time is Here

We've received a number of calls from providers who are looking for their 1099s.

The Kentucky Department of Revenue is responsible for sending out the 1099s for all First Steps providers. If you have questions or concerns about your 1099 for 2007, you can contact the **Department of Revenue directly at 502-564-7750.**



# *There's Still Time to Get Flu, Pneumonia Vaccinations*

## **Statewide News Release**

### **Statewide Flu Activity Now Classified as Widespread**

FRANKFORT, KY (Feb. 7, 2008) - Kentucky's influenza (flu) activity has been classified as "widespread," the Kentucky Department for Public Health (DPH) announced today. The "widespread" classification indicates the highest level of flu activity, with laboratory-confirmed flu cases occurring in at least half of the regions of the state, but DPH officials want Kentuckians to know the opportunity to get vaccinated for flu and pneumonia is still available.

"We are letting our residents know that it is not too late to vaccinate against flu and pneumonia, especially since there is a plentiful supply of flu vaccine this year," said William Hacker, M.D., commissioner of DPH and acting under-secretary for health at the Cabinet for Health and Family Services. "An annual flu vaccine – either the flu shot or the nasal-spray flu vaccine – is the best way to reduce the chances of getting the flu."

Infection with the flu virus can

cause fever, headache, cough, sore throat, runny nose, sneezing and body aches, according to the Centers for Disease Control and Prevention (CDC). Flu is responsible for approximately 200,000 hospitalizations and 36,000 deaths a year in the United States. Infants and the elderly population are most at risk of serious illness, hospitalization or death from the flu.



While it can be a serious disease that can result in extended time away from work and school, influenza is preventable. About two weeks after vaccination, antibodies develop that protect against flu virus infection.

Although almost anyone who wants protection against influenza can re-

ceive a flu shot, annual flu vaccinations are particularly recommended for: all children ages 6-59 months (6 months to 4 years of age); adults 65 or older; people age 2-64 with chronic medical conditions such as heart disease, cancer, asthma or diabetes; women who will be pregnant during flu season; residents of nursing homes and long-term care facilities; children 6 months to 18 years old on chronic aspirin therapy; health care workers; household contacts of children less than 6 months old; and caregivers of people with medical conditions that put them at higher risk for severe complications from the flu. All healthy individuals ages 50 to 64 are also strongly recommended to receive flu vaccine.

In addition to flu vaccine, state health department officials encourage all adults age 65 or older and others in high risk groups to ask their health care provider about the pneumoccal vaccine. This vaccine can help prevent pneumonia, one of the flu's most serious and potentially deadly complications.

For more information about flu and pneumonia vaccine availability, contact your local health department or primary care provider.

## *Draft Policies Posted for Public Comment*

Just a reminder that Draft Evaluation, Assessment, IFSP and DSS policies have been posted for public review and comment. They are posted on the First Steps website (<http://chfs.ky.gov/dph/firststeps.htm>) and will be available for comment through February 15, 2008. You can provide written comment on the policies at the following link:

[http://www.surveymonkey.com/s.aspx?sm=Oac4N2LO8mLETcjzgRIFjw\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=Oac4N2LO8mLETcjzgRIFjw_3d_3d) Click Here to take survey



You may also submit written comments to Central Office at 275 E. Main St, HS2W-C, Frankfort, KY 40621-0001. E-mail comments will not be accepted.

## *Above and Beyond Award*

Kudos to Lisa Dean, June Fortner, Julie Murray, Tina Tembeleska, Karen Keene and Kristen Yaden, PLEs who completed training on not one, not two, but all three Cabinet-approved criterion referenced assessment instruments. Thanks for your efforts.

February 15, 2008



COMMONWEALTH OF KENTUCKY

**FIRST STEPS**  
KENTUCKY'S EARLY INTERVENTION SYSTEM

## **Research Findings**

### **Inadequate Follow-up Services for Children with Very Low Birth Weight Enrolled in Medicaid**

Source: Pediatrics - Retrieved February 7, 2008

The results of a study published in the February issue of *Pediatrics* found that babies with very low birth weight enrolled in Medicaid receive inadequate critical follow-up services for vision and hearing impairments after leaving the hospital. The study provides important evidence that there is a large gap in the provision of key services for these vulnerable infants and underscores the importance of their enrollment in early intervention programs. To learn more go to

<http://pediatrics.aappublications.org/cgi/content/abstract/121/2/e278>

Full citation: Wang, J. (2007). Population-Based Assessments of Ophthalmologic and Audiologic Follow-up in Children With Very Low Birth Weight Enrolled in Medicaid: A Quality-of-Care Study, *Pediatrics*, 121(2), e278-e285.

### **Early Childhood Standards Survey**

A state workgroup has been convened to review the Kentucky Early Childhood Standards in accordance with plans to review the Standards after 5 years. A survey has been designed to gather information about the Standards. You can access the survey at the following link:

[http://www.surveymonkey.com/s.aspx?sm=t3veCL2ioR78LRZF4XXg6A\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=t3veCL2ioR78LRZF4XXg6A_3d_3d).

The survey will be available until March 08, 2008. We appreciate you taking time to provide feedback.

*"All children need a laptop. Not a computer, but a human laptop. Moms, dads, grannies and grandpas, aunts, uncles -- someone to hold them, read to them, teach them. Loved ones who will embrace them and pass on the experience, rituals and knowledge of a hundred previous generations. Loved ones who will pass to the next generation their expectations of them, their hopes and their dreams."*

General Colin Powell

### **Family Share**

Due to some technical difficulties encountered during a database conversion, December Family Share bills have been delayed and will be mailed early next week. Our apologies to PSCs and providers if you receive calls or questions from families.

### **Tax Questions?**

We've received a number of calls from providers who are looking for their 1099s. The Kentucky Department of Revenue is responsible for sending out the 1099s for all First Steps providers. If you have questions or concerns about your 1099 for 2007, you can contact the **Department of Revenue directly at 502-564-7750.**



# ***Safe Infants Law Allows Safe Surrender of Newborns:***

*Parents can leave baby with personnel at 'safe places'*

**News Release Kentucky Cabinet for Health and Family Services Media Contacts:** Anya Armes Weber, (502) 564-6180, ext. 4014; or Vikki Franklin, (502) 564-7042

FRANKFORT, Ky. (Feb. 13, 2008) – A state law that allows parents to safely surrender their newborns gives hope to men and women concerned about becoming parents.

The Safe Infants Act became effective in April 2002 and allows parents or someone acting on their behalf to anonymously place infants they cannot care for at selected "safe places." The law has resulted in 20 babies being placed in the care of the Kentucky Cabinet for Health and Family Services (CHFS).

"We all read the headlines when an infant has been unsafely abandoned, so it's essential people are educated about the Safe Infants Act," said Lisa Durbin, manager of the CHFS Child Safety Branch. "For women who may have lost hope because of a pregnancy, this is an option."

Under the law, parents may leave a baby up to 72 hours old at any hospital, with emergency medical services (EMS) personnel or with any firefighter or police officer. Parents remain anonymous and cannot be pursued or prosecuted unless an abandoned infant shows signs of abuse or neglect.

Supporters of the law intended it to eliminate incidents of newborns being left in unsafe locations outdoors or in trash cans, restrooms or other public places, or outside a home.

Unsafe baby abandonment is considered child abuse and neglect.

"The primary goal of the law is to keep babies from being abandoned with no one knowing about it," Durbin said. "Women who have hidden a pregnancy may be frightened, but they can ensure their baby will be safe and they can protect themselves with this law."

Two babies have died in Kentucky after being unsafely abandoned by their mothers in the past three years, Durbin said.

"If those parents had left the babies at a 'safe place,' those tragedies could have been avoided," she said.

Babies left with staff at a "safe place" are examined and, if needed, treated at a hospital. CHFS then places them with certified foster parents who are interested in adopting. Birth parents have 30 days to reconsider leaving their baby. CHFS then asks the courts to terminate parental rights, freeing the baby for adoption. CHFS' protection and permanency staff works with those parents who decide to reunite with their child.

Infants coming into the state's care are placed with foster families who are interested in eventually adopting to minimize placements for children.

Durbin said safely surrendering an infant can be an important choice for women and their partners.

"Becoming a parent is hard work, but choosing to let another family raise your baby is also difficult," she said. "However, for many women, knowing they can safely surrender their baby without being pursued or legally charged

provides them great relief regarding their decision."

At the identified safe places to leave a baby, parents receive an information packet that includes coded bracelets for parent and baby and voluntary medical disclosure forms that can be left with the baby or returned by mail. The information helps caregivers determine treatment for the baby and is kept confidential.

Durbin said the parents' medical history is important in determining the future needs of the child.

The packet also includes a brochure instructing mothers about how to keep themselves healthy after delivery.

Since 2002, 12 of the 20 children who have been surrendered have been adopted.

Women who know they will want to surrender their baby can plan for adoption through CHFS even before their babies are born. This can ensure that both a woman and her baby have the benefits of medical care during pregnancy.

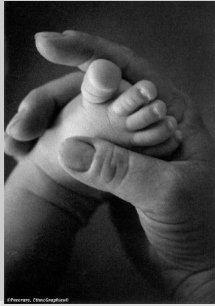
For those who want to keep their babies but are worried about the challenges of parenting, help is available.

"Our local office staff can help connect families to several community providers that offer assistance," Durbin said.

Pregnant women who need help with prenatal care may get assistance at their local health departments.

Durbin said that CHFS has provided publications and posters about the Safe Infants Act to several community agencies and wants to encourage more discussion about the law.

February 22, 2008



COMMONWEALTH OF KENTUCKY

**FIRST STEPS**  
KENTUCKY'S EARLY INTERVENTION SYSTEM

## ***Public Health Geoportal Available***

The Department of Public Health has created a Public Health Geoportal in cooperation with Division of Geographical Information. This Public Health Geoportal is in its infancy but presently provides some essential public health information at Kentuckian's fingertips. This portal is available on the web by typing the following address into your web browser:

<http://chfs.ky.gov/dph/Public+Health+Geoportal.htm>



## ***Driving in Hazardous Conditions***

While making visits to serve families use care and be prepared in hazardous conditions. You may be familiar with 511, the Traffic and Information number you can dial for traffic information but you should check out the 511 website. Especially when planning travel in winter weather conditions visit the 511 Traffic and Travel Information web page to review your travel route. This site offers resources for traffic conditions due to wrecks, weather conditions, and construction. In some locations you may be able to view traffic



cameras. <http://511.ky.gov/>

If you find yourself in hazardous circumstances on one of Kentucky's parkways or interstates you can contact SAFE Patrol at 877-FOR-KYTC or 877-367-5982.

What does SAFE Patrol do?

The Safety Assistance for Freeway Emergencies (SAFE) Patrol is designed to aid motorists and assist with incident management. For additional information about SAFE Patrol visit:

[http://highwaysafety.ky.gov/safe\\_patrol.asp](http://highwaysafety.ky.gov/safe_patrol.asp)

## ***2008 TRAIN Maintenance Schedule***

TRAIN users please be aware of the schedule for maintenance for the year 2008. The planned maintenance window for TRAIN will be every Sunday from 8:00 AM ET - 8:30 AM ET. Some examples of the activities carried out during the maintenance window are:

- Applying code updates
- Performing hardware upgrades
- Updating of server software

During this 30 minute period it is possible that TRAIN may be inaccessible.

We apologize for any inconvenience the planned maintenance may cause, but it is necessary to keep TRAIN updated.



February 29, 2008



COMMONWEALTH OF KENTUCKY



## *It's Time to Renew Provider Agreements*

First Steps provider agreements authorize all First Steps providers to conduct business with the Cabinet for Health and Family Services (CHFS) and provide services in the First Steps Program. First Steps providers submit signed agreements with their initial enrollment application and are required to renew the agreements every two years. **Your Current provider agreements will expire on June 30, 2008.**

The 2008 – 2010 provider agreement is currently undergoing a final legal and administrative review. As in previous years, the agreement will be posted to the First Steps website and available for download after April 1<sup>st</sup> to assure that all current providers have an adequate amount of time to review, complete and submit the new agreement. **First Steps pro-**

**viders who are renewing their provider agreement must assure that First Steps Central Office receives a completed new agreement no later than June 30, 2008 in order to prevent any lapse in enrollment.** If you fail to renew on time, any services provided during the time without a new agreement in place will not be reimbursed. We strongly encourage all current providers who will be renewing their provider agreements to do so as quickly as possible after April 1<sup>st</sup>.



The 2008 – 2010 provider agreement will contain a number of changes that I want you to be aware of and expecting. These changes are being made in response to feedback from providers, monitoring findings, program planning activities and contracting changes. Significant changes to the 2008 – 2010 provider agreement include:

**CODE OF ETHICS:** All providers will be required to comply with the *First Steps Provider Code of Ethical Conduct*. The *First Steps Provider Code of Ethical Conduct* was posted for public comment from September 24, 2007 through October 5, 2007 and was approved by the State Interagency Coordinating Council (ICC) on November 8<sup>th</sup>. The *First Steps Provider Code of Ethical Conduct* becomes effective July 1, 2008. A copy of the *Code* is included in this newsletter for your review. The *Code* is also available on the First Steps website under the Service Provider Information tab.

**DIFFERENT AGREEMENTS** are used for Primary Service Coordinators (PSCs) than for direct service providers, so that the specific responsibilities and performance standards for each role can be clearly explained in the contract for that role.

## **It's Time to Renew Provider Agreements (continued)**



**GEOGRAPHIC AREAS:** As with previous agreements, providers must agree to serve all geographic areas of the counties indicated on the approved Form 6. However, the 2008 – 2010 agreement provides the ability for the Cabinet to alter this requirement on a case by case basis if needed to address provider shortage areas.

**INTERNET ACCESS:** All providers will be required to establish and maintain “regular” internet access with Internet Explorer 5.5 or above. The First Steps program is continuing to work toward a web-based data management system. Such a system will require providers to have routine, personal access to the internet for documentation, recordkeeping and claims processing purposes. Providers who currently access the internet to check e-mail and monitor the First Steps website solely at public internet access points (i.e. libraries) are strongly encouraged to secure a personal computer with the capability of accessing the internet via Internet Explorer 5.5 or above. The First Steps program is exploring avenues by which First Steps providers can purchase computers at a discounted rate available to state agencies and universities. Information regarding discount opportunities will be forthcoming.

**REQUIRED CONTINUING EDUCATION/TRAINING:** All First Steps providers will be required to complete a minimum of three (3) clock hours of training specific to typical early childhood development on or before June 30, 2010. When First Steps moves to a web based system, all providers will be required to complete data system training. In addition, direct service providers will be required to complete training on at least one (1) Cabinet-approved criterion referenced assessment instrument if they cannot provide documentation that training has already been completed.

**BACKGROUND CHECKS:** All providers who are renewing a current agreement will be required to complete a (1) Child Abuse/Neglect registry check, (2) a criminal background check and (3) a Kentucky State Police Sex Offender Registry check **no later than December 31, 2008.**

- (1) Child Abuse and Neglect (CA/N) Central Registry checks will be conducted by the Cabinet for Health and Family Services, Division of Community Based Services. **The cost for the CA/N registry check is \$10 and must be paid by the provider.**
- (2) Criminal background checks will be conducted by the Administrative Office of the Courts. **The cost for the criminal background check is \$10.00 and must be paid by the provider.**
- (3) The First Steps program will do the Kentucky State Police Sex Offender Registry Check at no cost to the applicant.

Additional information regarding these checks, including instructions on how to request/complete the checks and the forms required to process them will be available with the provider agreements after April 1<sup>st</sup>.

If you have questions or concerns regarding the content of this notice, please contact the Program Consultant on your regional Technical Assistance Team for assistance. If you are not sure who the Program Consultant on your regional TA Team is, you can access the statewide TA Team list at:

<http://chfs.ky.gov/dph/firstSteps/> under the Service Provider Information tab .



## **First Steps Provider Code of Ethical Conduct**

Effective Date: July 1, 2008

### **Purpose Statement**

The purpose of the First Steps Provider Code of Ethical Conduct is to establish a set of guidelines for appropriate, professional behavior. This Code should serve to assist First Steps Providers in evaluating their current practice, assessing and resolving potential ethical dilemmas, and ensuring a commitment to family-centered, inclusive and culturally competent care.

The Kentucky First Steps program has elected to adopt many of the principles originally developed by The National Association for the Education of Young Children (NAEYC). Although the full NAEYC Code of Ethical Conduct was not adopted, the First Steps program supports the full Code and strongly encourages First Steps providers to review the Code in its entirety on the NAEYC website ([www.naeyc.org](http://www.naeyc.org)).

Effective July 1, 2008, First Steps Program Evaluators will refer to the First Steps Provider Code of Ethical Conduct when investigating complaints regarding unethical or inappropriate behavior. The Cabinet for Health and Family Services may terminate any provider agreement immediately should egregious and/or persistent Code violations be found. For this reason, it is important that all First Steps providers review this Code and ensure that their current practice is reflective of the ethical standards outlined herein.

### **Principles of Ethical Responsibilities to Children**

- 1.1 Above all, First Steps Providers shall not harm children. First Steps Providers shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children. This principle has precedence over all others in this Code.
- 1.2 First Steps Providers shall be familiar with the risk factors for and symptoms of child abuse and neglect, including physical, sexual, verbal, and emotional abuse and physical, emotional, educational, and medical neglect.
- 1.3 First Steps Providers shall know and follow state laws and community procedures that protect children against abuse and neglect and shall report suspected child abuse or neglect to the appropriate entity.

## **Principles of Ethical Responsibilities to Families**

- 2.1 First Steps Providers shall recognize the primary importance of families and caregivers in children's development.
- 2.2 First Steps Providers shall acknowledge their responsibility to establish and maintain an effective method of communication and collaboration with parents and primary caregivers.
- 2.3 First Steps Providers shall consider information shared by families about themselves and their children to plan and implement appropriate services and supports.
- 2.4 First Steps Providers shall recognize the value of collaboration, discussion and sharing to the IFSP planning process and shall make effort to participate in person in initial and ongoing IFSP meetings.
- 2.5 First Steps Providers shall ensure that a parent and or primary caregiver is present and collaboratively involved in every service session.
- 2.6 First Steps Providers shall notify families, when possible, a reasonable amount of time prior to canceling a service session. If advance notice is not possible, First Steps Providers shall contact the family as soon as possible to explain the absence and confirm the next service session date/time.
- 2.7 First Steps Providers shall arrange their schedule in such a manner as to prevent being late for service sessions. If tardiness is unavoidable, First Steps Providers shall attempt to contact the family to notify them of the estimated arrival time, to verify that the family is still available for the service session, or to reschedule the appointment if the family cannot wait.
- 2.8 First Steps Providers shall involve families in decisions affecting their children.
- 2.9 First Steps Providers shall not engage in or support exploitation of families. Providers shall not solicit business for their agency, other providers, spouse or immediate family. Providers shall not sell or market products while representing First Steps. Providers may not lobby to families within the system, while representing First Steps. Providers shall not use their relationship with a family for private advantage or personal gain, or enter into relationships with family members that might impair their effectiveness working with the family member's child(ren).
- 2.10 First Steps Providers shall develop written policies for the protection of confidentiality and the disclosure of protected health information (PHI), including, but not limited to, a Notice of Privacy Practices. All such written policies must comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Any disclosure of PHI must be appropriately documented according to the provisions of the HIPAA.
- 2.11 First Steps Providers may not bring children/minors or other individuals not directly involved in the provision of care of the child, to early intervention services or the residence of the child or family. Doing so would be considered a breach of confidentiality and would interfere with the provider's ability to perform their job. Parents may not be requested to waive this. (Note: this does not apply to therapy students or practicing therapists who are gaining practical experience and are being supervised by the First Steps Provider.)
- 2.12 First Steps Providers shall contact the Primary Service Coordinator (PSC) to coordinate referrals to non-EI services and community resources/supports when a child or family need is identified.

### **Principles of Ethical Responsibilities to the First Steps Program**

- 3.1 First Steps Providers shall meet and maintain all applicable licensing, credentialing, and ethical codes as established by individual licensing agencies.
- 3.2 First Steps Providers shall follow all program laws, regulations, rules, guidelines, policies, procedures and administrative directives. When First Steps Providers disagree with any of these, they shall attempt to effect change through constructive action within the First Steps Program.
- 3.3 First Steps Providers shall submit claims for reimbursement for services provided and appropriately documented. First Steps Providers shall not bill for no shows, missed appointments or other services not actually provided.
- 3.4 First Steps providers shall recognize the contributions of colleagues to our program and not participate in practices that diminish their reputations or impair their effectiveness in working with children and families.
- 3.5 First Steps Providers shall provide services in natural environments and shall provide services in a setting other than a natural environment that is most appropriate, as determined by the parent and the individualized family service plan team, only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.
- 3.6 First Steps Providers shall ensure that Individualized Family Service Plans identify appropriate services based on scientifically-based, peer-reviewed research, to the extent practicable.